

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		2				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9	1					
10		1				
11		1				
12	1					
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14		1				
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43		1				
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49						
50						
Total Indep	3					
Total Depend	22					
Total Claims	25					

	Indep	Depend	Indep	Depend	Indep	Depend
51						
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100						
Total Indep						
Total Depend						
Total Claims						